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ADOPTED 7/14/92
(FOR BOARD PKG)

FRANCISCAN CHILDREN'S
H·O·S·P·I·T·A·L
& REHABILITATION CENTER

Institutional Master Plan

February, 1992

30 Warren Street, Boston, MA 02135-3680

FRANCISCAN CHILDREN'S HOSPITAL & REHABILITATION CENTER

INSTITUTIONAL MASTER PLAN

FEBRUARY, 1992

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I. INTRODUCTION

Overview of Plan

Franciscan Children's Hospital & Rehabilitation Center (FCH&RC) is a 100-bed pediatric specialty hospital and day school. The institution is dedicated to providing medical, rehabilitation and education services to children and adolescents who have disabilities. Primary medical care is also provided to children of the surrounding community of Allston-Brighton.

The Institutional Master Plan describes the major facility project that FCH&RC plans during the next five years, and discusses the patient needs driving the renovation project.

From Fiscal Year 1987 to Fiscal Year 1991, FCH&RC experienced a 28% increase in inpatient patient days, and a 77% increase in outpatient clinic volume. Over the same period of time, the medical acuity of inpatients has increased.

The institution's physical plant was originally designed to care for very different patients than currently treated at the hospital. The seven main buildings that comprise the campus are from 19 to 44 years old. The oldest buildings contain mechanical, electrical, plumbing and other deficiencies. The aging plant hampers the institution's ability to provide services to patients with increasing health care and rehabilitation needs.

Scope of Project (Square Footage and Cost)

To meet the current and projected needs of the children cared for by FCH&RC, the institution proposes to undertake a facility renovation project consisting of the following changes in gross square footage:

Existing GSF	182,962
Demolition GSF	45,193
New Construction	90,600
Net Expansion	45,407 GSF *

* Includes 11,600 square feet of basement mechanical space. Estimated renovated area (Phase 2) is 80,000 square feet. Changes in gross square footage figures are inclusive of all phases of the three-phase project.

The estimated total project cost is between $26,250,000 and $27,930,000, with construction estimated at $21,850,000.

Benefits to Be Derived from Project

City-Wide Benefits

The renovation of Franciscan Children's Hospital & Rehabilitation Center will allow the institution to play a stronger role in the City and regional health care system.

Specifically, this will occur through a strengthened teaching relationship with Boston University School of Medicine and its partner in pediatric medicine, Boston City Hospital. This relationship will be enhanced by an attractive facility with space to accommodate teaching.

Additionally, the move of St. Margaret's Hospital's obstetric and newborn/neonatal intensive care unit services to the St. Elizabeth's site presents an opportunity for the provision of a complete range of prenatal, neonatal and pediatric services to citizens. Franciscan Children's Hospital would provide the inpatient pediatric care, and potentially, services for children-at-risk who develop special needs.

Significant renovations at FCH&RC, including the addition of a four-bed Pediatric Intensive Care Unit (PICU) are needed to make these linkages effective.

The proposed project will contribute to the local economy by employing approximately 110-140 construction personnel at the peak of construction, and will involve a total of approximately 240-280 tradespersons over the life of the project. Because the proposed project is a renovation rather than an expansion of beds, the permanent job complement is not expected to increase dramatically beyond the current 629 employees, except for additions justified by increased patient activity.

Local Community Benefits

In 1986, when St. Elizabeth's Hospital closed its pediatric unit, FCH&RC assumed the provision of all Allston-Brighton pediatric inpatient services and emergency care for children 0-14 years old. Services to these children would be improved by a modernized, more efficient facility.

Institutional Benefits

The institution's strategic program and facilities plan will better enable it to meet its mission by:

- Expanding clinical programs in areas of excellence for which the institution is known;
- Improving the environment in which care is provided, thereby enhancing the quality of care;
- Providing the institution with the flexibility of space to better respond to changing pediatric needs;
- Increasing the operating efficiencies of the institution;
- Enabling the organization to better market its services to patients, referrers and staff by offering a modern and attractive facility;
- Providing space to expand research and teaching; and
- Preserving the institution's Franciscan heritage through innovative design which echoes this tradition.

Phasing and Scheduling of Project

FCH&RC proposes to undertake this project in three phases:

Immediate Phase

The institution has immediate physical needs which must be attended to within the year 1992. These needs must move in advance because they have become critical to improved quality of care. Also, they are essential factors in the developing relationship with Boston University School of Medicine and the St. Elizabeth's/St. Margaret's Hospitals project. These immediate needs are:

- The addition of a temporary 4-bed Pediatric Intensive Care Unit via a small internal renovation project (approximately 1,750 gross square feet);

- Addition of 4,000 gross square feet for replacement operating rooms in a 1-story addition adjacent to Building 5. Renovation of Building 5, level one, is estimated at 1,000 gross square feet;

- Construction is scheduled to commence in May 1992 and scheduled to be completed in February 1993.

- Construction cost is estimated at $ 850,000.

Immediate Phase Summary:

- New construction is estimated to be 4,000 gross square feet. Renovation is estimated to be 2,750 gross square feet.

Phase 1

- A 1-story 4,600 gsf addition located adjacent to Building 3 for relocated Genetic Services and Facility Support;

- Temporary provisions for receiving adjacent to Building 7;

- Demolition of Building 6, which contains 11,679 gsf in two levels and a basement;

- Construction of a new Building 6 containing 16,100 gsf within two levels and 8,400 gsf within a basement level. Levels 1 and 2 will contain relocated and improved non-clinical areas (chapel, pastoral care, nursing education

and administration, in-service education, conference rooms and medical library). The basement will contain a much needed central plant. An estimated 2,500 gross square feet of renovation will occur in Building 2;

- Construction is scheduled to commence in August 1992 and scheduled to be completed in February 1994.

The estimated construction cost for Phase 1 is approximately $4,500,000.

Phase 1 Summary:

- New construction is estimated to be approximately 29,100 gross square feet, and renovation is estimated to be approximately 2,500 gross square feet. Demolition is estimated to be 12,304 gross square feet.

Phase 2

Relocation and improvement of clinical and support space (including inpatient units, surgical suite and central sterile supply, morgue, ambulatory services, day school, emergency services, recreational therapy, respiratory therapy, rehabilitation, mental health, nursing education and administration, personnel and medical records).

Construction is scheduled to commence in January 1994 and is scheduled to be completed in December 1996.

The estimated construction cost for Phase 2 is approximately $16,500,000.

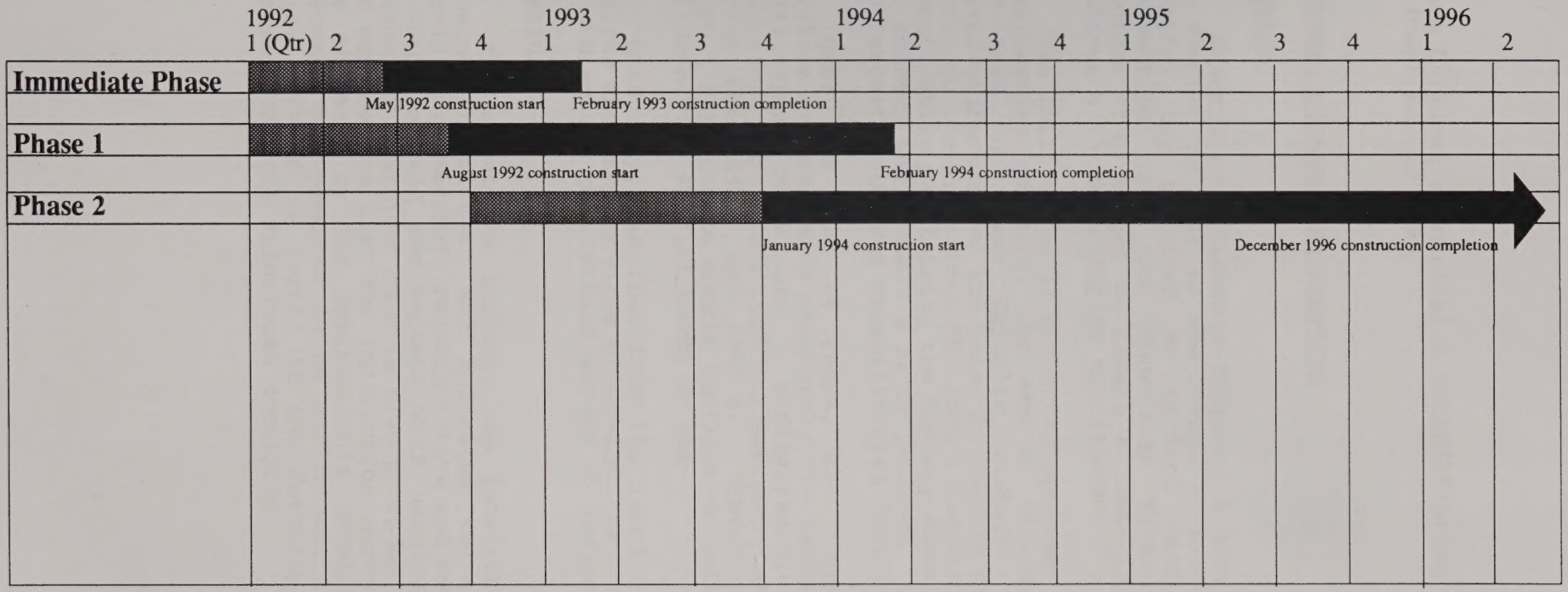
Phase 2 Summary:

New construction is estimated to be approximately 57,500 gross square feet, and renovation is estimated to be approximately 74,750 gross square feet. Demolition is estimated to be approximately 32,889 gross square feet.

The Master Plan Design and Construction Schedule is on the following page.

Franciscan Children's Hospital & Rehabilitation Center
Master Plan Design & Construction Schedule estimate

TRO
The Ritchie Organization
80 Bridge Street
Newton, Massachusetts 02158
8105



Design period

Construction period estimate
including bidding/negotiation

Note:
Schedule dependent
in part upon state approval

II. HISTORY, MISSION AND SERVICES

History

Franciscan Children's Hospital & Rehabilitation Center was founded in 1949 as the Joseph P. Kennedy, Jr. Memorial Hospital for Children by Richard Cardinal Cushing, in conjunction with the Franciscan Missionaries of Mary. Together they sought to create a home-like environment for children with handicapping conditions.

The institution is owned and operated by the Franciscan Missionaries of Mary, who are an international religious Institute of Roman Catholic sisters. In 1989, the organization changed its name, in keeping with its Franciscan roots, to the Franciscan Children's Hospital & Rehabilitation Center, while maintaining the Kennedy memorial in the form of the Kennedy Day School, a major program. At 100 beds, it is the largest pediatric rehabilitation facility in New England.

Over the past 44 years, the organization expanded services to meet more adequately the needs of children with handicapping conditions. Medical/surgical care, special education, ambulatory care and emergency services were added during the 1950's and 1960's. FCH&RC has also enhanced support services to enable families to better care for their children with special needs at home.

Gradually, families from the local community began to utilize the many services offered at the institution, thereby extending the populations served to include the well child.

Mission

Throughout its history, the institution's mission has remained consistent and dedicated to excellence in the provision of medical, rehabilitative and educational services to children and adolescents with handicapping conditions. Medical and surgical care is also provided to the children of the communities that the institution serves. These services are enhanced by the institution's commitment to teaching, advocacy and research in an environment of family-centered care. FCH&RC is rooted in the Catholic Church's healing ministry and the Franciscan tradition.

Programs and Services

Inpatient Programs and Services

Franciscan Children's Hospital & Rehabilitation Center is licensed to operate 100 beds (60 rehabilitation beds and 40 acute care beds for children 0-21 years old). The institution is also involved in the education and training of health professionals. Annually, FCH&RC treats approximately 700 children as inpatients, and handles approximately 21,000 outpatient visits. The on-site Kennedy Day School program serves approximately 90 students. The institution offers two acute pediatric inpatient programs (medical/surgical and evaluation) and two rehabilitation programs (physical rehabilitation and cognitive/behavioral rehabilitation).

Medical/Surgical Program

The medical/surgical program provides acute medical/surgical care to children with handicapping conditions and to community children.

Depending on the intensity of medical, nursing and/or therapeutic intervention, a child with handicapping conditions may be admitted to either the medical/surgical or physical rehabilitation program. During a single admission, a child's needs, and hence, level of care required, may fluctuate; and the child may move between acute and rehabilitation levels of care. Therefore, for children with handicapping conditions, the medical/surgical and physical rehabilitation programs must work closely together to assure continuity of care for these children during an often extended inpatient stay. In recent years, an increasing number of ventilator-dependent children have been cared for on the medical/surgical units.

The medical/surgical program also provides acute, short-stay services for community children. The needs and resource utilization of these children are very different from those of children with handicapping conditions.

Evaluation Program

Franciscan Children's Hospital & Rehabilitation Center offers interdisciplinary, diagnostic assessments for children with developmental, cognitive, emotional and behavioral problems on a short-stay, inpatient or outpatient basis. If a child is found to need more intensive inpatient treatment, the child may be referred to the inpatient Cognitive/Behavioral Rehabilitation Program.

Physical Rehabilitation Services

The institution provides comprehensive, multidisciplinary medical and therapeutic services to children who need help regaining skills that were lost due to accidents, illness or birth defects.

Cognitive/Behavioral Rehabilitation Program

Children with cerebral dysfunction evidencing developmental, cognitive, emotional and behavioral problems who have had little success with other modes of treatment may be admitted to this inpatient program. Treatment consists of medical, nursing, therapeutic and educational intervention usually of several months duration.

The Cognitive/Behavioral Program consists of two distinct subcomponents: one that treats pre-school children who are at risk for long-term developmental and behavioral disabilities and the other directed toward school-age children.

Inpatient Summary

In summary, for planning purposes, the inpatient services provided by Franciscan Children's Hospital & Rehabilitation Center fall into three categories:

- Evaluation and cognitive/behavioral programs;
- Medical/surgical and physical rehabilitation programs for children with handicapping conditions; and
- Short-stay medical/surgical programs for community children.

Diagnostic Mix of Inpatients

In Fiscal Year 1991, 10 diagnoses accounted for 60% of the institution's discharges. These diagnoses were:

Diagnosis	Discharges
Cerebral Dysfunction (Eval)	213
Cerebral Dysfunction (Rehab)	90
Seizure Disorder	24
Dehydration	18
Post-traumatic Encephalopathy	17
Rehabilitation (therapies)	15
Asthma	14
Fracture	14
Pneumonia	14
Failure-to-thrive	13
Subtotal	432
Other	284
Total	716

Outpatient Services

Children with special needs and children from the local communities benefit from the continuity of care provided by the institution's outpatient clinics. The services offered include: medical/dental preventative care, therapeutic services, treatment for childhood illnesses and follow-up care. The hospital also has a 24-hour emergency room.

Outreach Services

FCH&RC offers two outreach services to the Allston-Brighton community; a social worker from the hospital with bi-lingual Spanish skills provides part-time services to the Joseph M. Smith Community Health Center, and the hospital's Psychology Department provides a range of mental health-related services to the James A. Garfield Elementary School.

Kennedy Day School Program

The on-site Day School offers special education to 90 children with multiple disabilities. Referred by their local education agencies, the children live at home and travel to school daily in special vans.

Future Opportunities

Strategic Assumptions

In assessing future directions, the institution bases its plans upon several basic assumptions:

That the mission remains unchanged;

That the current institutional size of 100 beds is adequate to meet the market's needs and organizational objectives;

That change and growth will be based upon amplification of existing strengths and extensions of existing services, rather than radical changes in direction; and

That the greatest need will continue to be in urban areas affected by adverse socio-economic conditions. Because of this fact, the organization has chosen to remain an urban institution rather than relocate to a different community;

Strategies for the Future

Some specific strategies the institution intends to pursue include the following:

Strengthening its teaching relationship with Boston University School of Medicine, its medical school affiliate;

Continuing its commitment to provide primary pediatric care to the community;

Planning with St. Elizabeth's/St. Margaret's Hospitals to ensure a full spectrum of services to the communities served, thereby avoiding costly duplication of services;

Continuing the institution's relationship with the National Birth Defects Center, which is currently located on-site and admits its patients to FCH&RC when inpatient hospitalization is required;

Establishing stronger linkages with community health centers; and

Strengthening the network of physicians referring to the institution.

Future Program Development

Clinical areas which the hospital intends to expand over the next five years include the following:

Gastroenterology - Failure-To-Thrive;

Pulmonary/Asthma;

Orthopedics; and

Pediatric Intensive Care Unit (PICU)

These areas of opportunity were identified in the master planning process through interviews with referral sources, FCH&RC physicians and analysis of market data. They were also reviewed by the Community Master Planning Task Force.

Each area represents an amplification of existing expertise. Specifically, the institution's Feeding Team and Child Development staff currently treats Failure-To-Thrive patients, and the organization's Pulmonologist, Nursing and Respiratory staffs already treat children with bronchopulmonary problems. Additionally, as a rehabilitation center, the institution has historically provided an excellent Orthopedic service, and intends to amplify this service.

Children at FCH&RC who develop problems requiring a greater intensity of care currently need to be transferred to tertiary care centers. The intent of the four-bed Pediatric Intensive Care Unit is to provide better continuity of care for the institution's existing patients, and to serve the surgical needs of the special needs children. With the development of neonatal intensive care at St. Elizabeth's/St. Margaret's Hospitals, there will be a need for increased capacity in pediatric intensive care in the community.

Role in Healthcare System

Franciscan Children's Hospital & Rehabilitation Center is a regional referral center, accepting children transferred from tertiary teaching centers such as The Children's Hospital, Boston City Hospital, The Floating Hospital and U Mass Medical Center. The institution also welcomes referrals from physicians, school systems and state departments responsible for serving children.

Since 1986 when St. Elizabeth's Hospital closed its pediatric inpatient service, FCH&RC has been the sole provider of inpatient pediatric care for children ages 0-14 in the Allston-Brighton neighborhood of Boston.

III. GROWTH AND CHANGE AT FCH&RC

Details of Physical Plant and Grounds

The diagram of "Existing Conditions Site Plan" on the following page shows the existing hospital buildings and grounds. The campus totals 453,909 square feet (10.42 acres).

The institution is located at 30 Warren Street in the Brighton neighborhood of Boston, across from the Brighton Marine Public Health Center and Brighton High School. A strip of maple trees fronts Warren Street, and the Community Task Force recommends that these plantings be retained as needed green space.

The institutional complex consists of a total of ten buildings: A central "spine" of four attached buildings dating from the original 1948 construction, three wings added in ensuing years, an unattached garage/workshop, a small structure housing a trash-to-steam boiler, and an unattached structure with recreational storage near a playground.

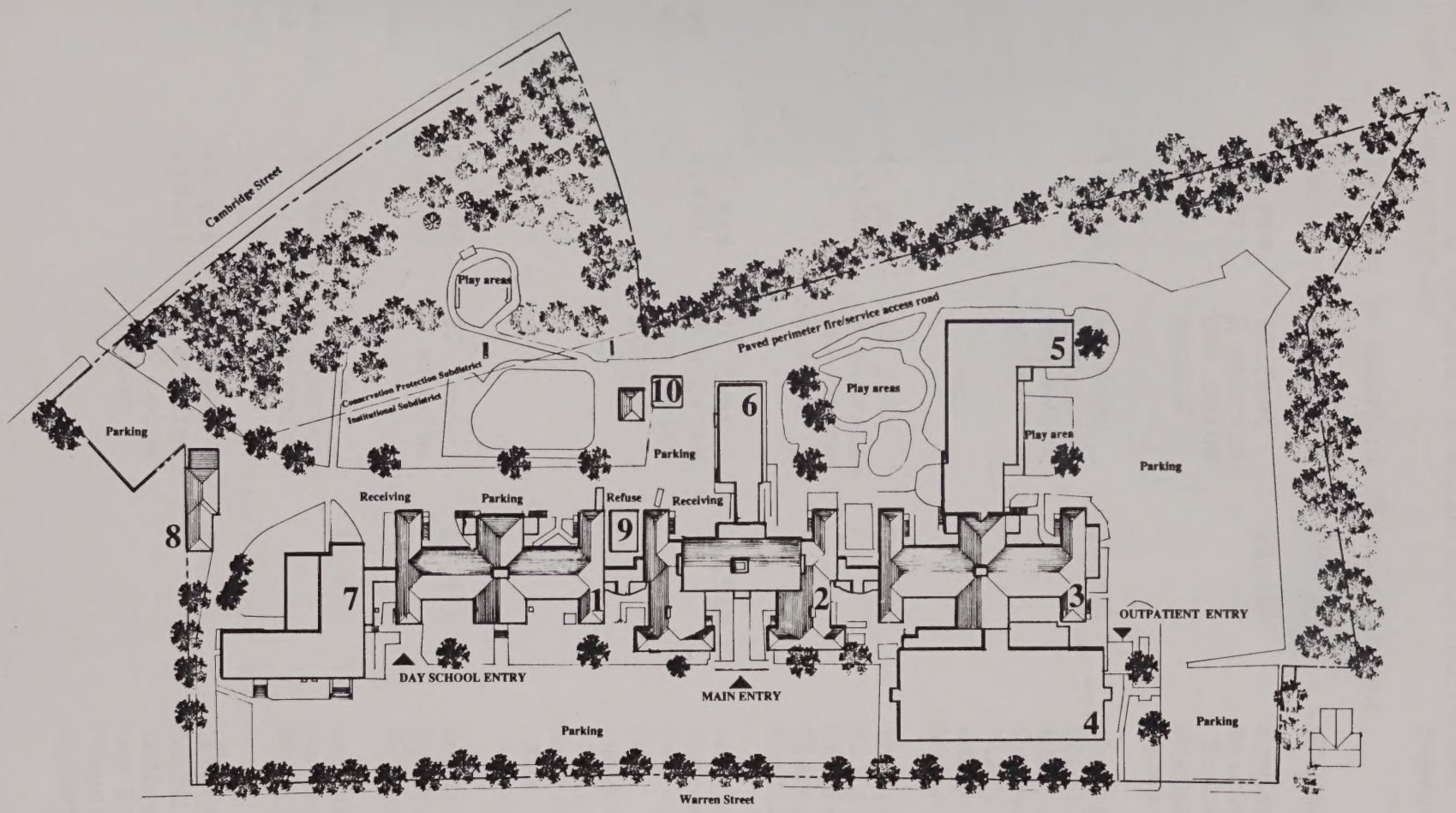
The institution's footprint is approximately 79,500 gross square feet, with a Floor Area Ratio of .38 (based upon the total lot area divided by the gross floor area).

The front of the buildings face Warren Street on the North, and the rear of the site is bordered by Cambridge Street on the South, where a wooded, rocky ledge buffers the edge of the campus from the street. The ledge has been designated a Conservation Protection Subdistrict in the City of Boston re-zoning process, and the Community Master Planning Task Force has requested that the hospital beautify and retain it as a buffer. Also bordering the rear of the site are residential properties on Eleanor and Ridgemont Streets. These sit on a continuation of the rock ledge overlooking the hospital site, and are buffered by trees. The Community Task Force recommends that this tree buffer zone be retained.

To the East, the site is bordered by apartment buildings on Camelot Court, and to the West by the City of Boston's Taft Middle School. The institution's "backyard" consists of playground space, and the Community Master Planning Task Force has recommended that the Master Plan retain sufficient recreational green space for the patients.

The following chart provides details about the current physical plant (See chart: "Details of Existing Physical Plant").

Existing Conditions



Site Plan

16 32 48

Buildings 1&2	Day School/Hospital use (1)	Buildings 8 & 10	Hospital use (2)
Buildings 3-5	Hospital use (1)	Building 9	Hospital use (1)
Building 6	Hospital/Genetic services (2)	(1)= building to remain per master plan	
Building 7	Day School/Hospital use (2)	(2)= building to be removed per master plan	

TRO
The Ritchie Organization
80 Bridge Street
Newton, Massachusetts 02158

Details of Existing Physical Plant

Building No.	Age	Height	GSF	Current Use
One	44 yrs. (1948)	31 feet 2 stories; One below ground	22,120	Support Services Kennedy Day School Student classrooms
Two (1948)	44 yrs.	49 feet 3 stories; One below ground	32,091	Therapies Social Work Administration Gymnasium Classrooms Admin. lobby Switchboard
Three	44 yrs. (1948)	31 feet 2 stories; One below ground	24,055	Therapies MD Offices Clinical Lab Pharmacy Vending Area
Four (Cushing Pavilion)	19 yrs. (1973)	30 feet 3 stories; One below ground	39,938	Ambulatory Svcs. Emergency Room Radiology Four patient units housing 78 licensed beds Main entry point for patient traffic
Five (Smith Pavilion)	29 yrs. (1963)	22 feet 2 stories	19,925	Surgical Suite Central Supply 22 licensed beds
Six (Knights of Columbus Pavilion)	34 yrs. (1958)	21 feet 3 stories; One below ground	11,679	Support Services Storage NBDC Offices
Seven	44 yrs. (1948)	41 feet 4 stories; One below ground	29,663	Cafeteria Conference Rooms Offices Day School Chapel Former Convent

Details of Existing Physical Plant

(Continued)

Building No.	Age	Height	GSF	Current Use
Eight	44 yrs. (1948)	20 feet 1 story	2,026	Unattached bldg. Garage Carpenter Shop
Nine	10 yrs. (1982)	18 feet 1 story	840	Housing for trash-to-steam incinerator and boiler
Ten	8 yrs. (1984)	12 feet 1 story	625	Bathrooms Storage space for playground equipment

Summary

In summary, the overall facility utilization can be broken down as follows:

Kennedy Day School	20,400 gsf
Medical Office Space	3,800 gsf
Hospital (including Administration, Therapies and Support)	158,800 gsf *
	183,000 gsf **

* approximate square footage

** square footage has been rounded-off

Growth and Development of FCH&RC

Franciscan Children's Hospital & Rehabilitation Center's physical growth through the years has been linked more to changes in the needs of the specialty population served than to dramatic increases in patient volume.

For example, the Smith Surgical Pavillion (Building 5) was added in 1963 so that patients with disabilities would not have to be transferred to another facility if they required surgery.

The most recent addition of a major wing was in 1974. It was mandated by the space limitations of the original buildings (Buildings 1, 2 and 3), where children resided in "wards."

Over the years, needs were accommodated by constant internal renovation and relocation. For example, when a Day School was added in 1963 to meet the special education needs of the children, it was tucked into existing inpatient and office space, and has since spread into the vacated convent (Building 7).

This piecemeal approach has reached its limits, and has resulted in an overall physical plant that is extremely crowded and inefficient in operation.

Factors Driving the Current Project

Inpatient Space Needs Have Increased

From Fiscal Year 1987 to Fiscal Year 1991, Franciscan Children's Hospital & Rehabilitation Center has experienced a 28% increase in inpatient days (from 21,800 to 27,835). Patients are staying longer in-house since their needs are more intense. The institution's average length of stay increased 39% (from 28 to 39 days) between Fiscal Year 1987 and Fiscal Year 1991. During this period, occupancy increased from 60% to 76%.

A new and challenging patient population changing the institution's patient mix is ventilator-dependent children. These patients, in addition to requiring longer stays, demand a great deal of physical space to accommodate the requisite machinery and life support systems.

The hospital also serves a number of children in active stages of rehabilitation (e.g. following head injury). Innovations in treatment, such as the use of computers, create new space demands and place strains on old electrical systems. The needs of these populations of children also drive growth in therapeutic and ancillary services. Finally, because the children require longer stays, provisions for families to stay overnight are in demand.

Outpatient Growth Requires Additional Space

There was a 77% increase in the total volume for outpatient clinic visits from 11,876 visits in Fiscal Year 1987 to 21,012 visits in Fiscal Year 1991 (See the following chart). This increase reflects current and likely future trends in the provision of healthcare to offer ambulatory treatment instead of hospitalization whenever possible.

Ambulatory Visit Trends

	FY87	FY88	FY89	FY90	FY91
Ophthalmology	126	181	177	165	151
ENT	91	115	121	169	201
Neurology	1,449	1,508	1,676	1,827	1,765
Orthopedics	1,079	1,021	1,231	1,318	1,467
Surgery	272	264	208	183	226
Pediatrics	3,766	4,287	5,215	6,103	7,912
Genetics (NBDC)	903	1,066	1,118	1,013	1,252
Dental	4,190	5,066	9,300	7,928	8,038
Total	11,876	13,508	19,046	18,706	21,012

The Physical Plant is Obsolete

The current patient population of FCH&RC is different from and has different space requirements than when the hospital opened in 1949. The institution was originally designed for children with disabilities including polio. The original design contained no ambulatory space, day school/classroom space, nor a surgical suite.

Although internal modifications over the years have made alternative space utilization possible, the changes have not been comprehensive enough to make the total plant efficient in function. All spaces are cramped, and children in wheelchairs must continually weave through mazes of subdivided space in order to travel.

To provide limited clinical space, the institution has moved some non-clinical functions such as Accounting and Marketing off-site to 1505 Commonwealth Avenue.

The majority of patient rooms were designed in 1974 with three-and four-beds, as contrasted to today's standard of two.

Parent surveys document that this is a problem: patient privacy is limited. Families are encouraged to bring clothing, toys and articles to make children feel at home, but there is barely room to store these items.

Three-and four-bed rooms also make it difficult for the nursing staff to match roommates who are the same age or who require similar levels of care.

For those who refer to FCH&RC, a state-of-the-art, attractive facility is an incentive. Referring physicians have indicated that an upgraded operating suite is a particularly critical variable in their decision to admit children to the institution.

Due to the age of the buildings, there are deficiencies in all major systems. Boilers for heat generation are dispersed throughout the plant, and electrical, ventilating and air conditioning systems need to be upgraded.

Research

In recent years, the institution has conducted minimal research, none of which had separate space requirements. Franciscan Children's Hospital & Rehabilitation Center intends to increase research activity in order to learn more about the prevention and treatment of childhood diseases and handicapping conditions. Research opportunities may develop through the institution's teaching affiliations, which would require additional space to conduct such research.

Parent and Community Education

The institution's philosophy is that it is essential to involve parents in the care of the child, who cannot be treated in isolation from the family. Therefore, health education and/or training in special techniques are part of each child's program of care from admission to discharge.

The staff at FCH&RC participates in numerous education and training programs with the goal of educating the community and other health professionals about the care and treatment of children with handicapping conditions. Following is a list of some of the programs in which FCH&RC participated in the 1991 Fiscal Year.

Courses for Parents and/or Professionals

1991 Pediatric Rehabilitation Conference
Occupational Therapy Course
Attention Deficit Course (2)
Cognitive/Behavioral Conference
Neuropsychology Conference
Nursing Educational Series
Social Work Lecture Series

Speaking Engagements (Boston)

Dentistry

Boston University Goldman Dental School
Community dentists, hygienists and dental assistants

Hearing/Communication/Reading

Massachusetts General Hospital
Boston College Graduate Special Education Program
Boston University Sargent College

Nursing

Northeastern University nurse refresher course

Occupational Therapy

Boston University
Bay Cove High School

Pastoral Care

Archdiocesan Cathechetical Conference
Boston Theological Catholic Lay Student Network

Psychology

Neuropsychology Conference
Greater Boston Association for Retarded Citizens

Therapeutic Recreation

Boston University

The institution would like to increase its educational programs for the community, but is again hampered by the lack of adequate conference and meeting spaces. It is able to honor only a few community requests for free meeting space because of the lack of adequate and attractive facilities.

Child Care

Franciscan Children's Hospital & Rehabilitation Center would like to provide on-site day care for its staff, but specific studies have shown that the number of slots required to maintain a financially viable program could not be filled by the pool of the organization's employees. Consequently, the institution has, in the past, participated in explorations of joint day care programs with neighboring organizations, but has not, to date, chosen a final solution. Currently, staff members manage by enrolling their children in programs near their homes or through family arrangements.

As a pediatric center with extensive expertise in early childhood development, the institution will continue to explore the development of day care, particularly a program integrating children with special needs.

Traffic and Parking

(Please refer to the diagram on the following page showing the current breakdown of spaces).

The institution currently has a total of 331 spaces of parking located at the perimeter of the buildings. Parking is free for employees and visitors. Two major lots are located at the Southern end (106 spaces) and at the East end nearest Commonwealth Avenue (162 spaces). A smaller lot of 21 spaces is located off Cambridge Street at the Northern end of the hospital. Angle parking is also allowed along the entire rear length of the building between buildings and playgrounds. These spaces are accessible by the receiving/delivery/fire lane. (There are 42 spaces located along these lanes).

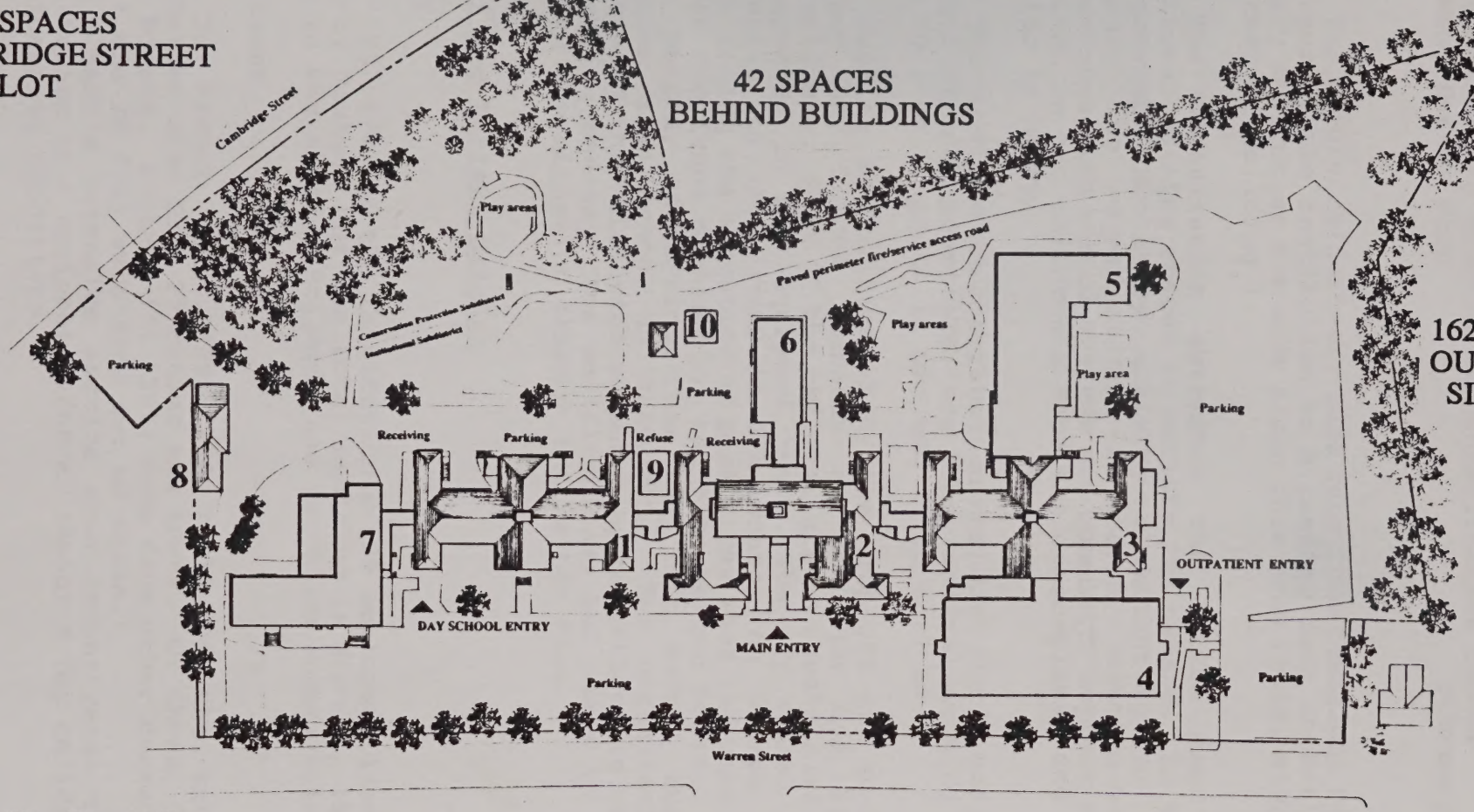
The ambulance entrance is off Warren Street at the end of Building 4 towards the East end of the campus.

Existing Conditions

EXISTING PARKING SPACES
TOTAL 331

21 SPACES
CAMBRIDGE STREET
LOT

42 SPACES
BEHIND BUILDINGS



162 SPACES
OUTPATIENT
SIDE LOT

Site Plan

106 SPACES
FRONT LOT

Franciscan Children's Hospital & Rehabilitation Center
Boston, MA

TRO
The Ritchie Organization
80 Bridge Street
Newton, Massachusetts 02158

The receiving/delivery lane runs from Cambridge Street at the rear of the institution to a loading dock in Building 6. Dietary deliveries are made along this same route, stopping at the rear of Building 1.

The organization estimates the future need at 70 additional parking spaces to satisfy its demand. In addition to growing ambulatory activity contributing to parking demands, the organization is heavily meeting-oriented. Conferences with school systems and community support agencies involved in the children's care are commonplace, and visitor traffic is heavy.

The institution operates around-the-clock and, as is typical of most hospitals, has three medical/nursing shifts: 7 am to 3 pm; 3 pm to 11 pm; and 11 pm to 7 am.

Parking is complicated by the drop-off and pick-up of Kennedy Day School students at 8:30 am and 2:30 pm, respectively. Most of the children are in wheelchairs and are transported in lift-equipped vans. The Day School ramp is currently in the front of the school on Warren Street, complicating the situation at peak times when the vans line-up within the front parking lot and onto Warren Street. In the same period, congestion from the Taft School buses and Brighton High School is heaviest. The organization has alleviated this situation somewhat by reconfiguring the space and making one-way lane modifications, but needs to further improve the situation through its Master Plan.

Staff and Patient Origins

Staff

293 (47%) of the institution's 629 employees live in the City of Boston. Of the total residing in Boston, 155 (25%) live in the Allston-Brighton and Brookline communities.

Inpatient

In Fiscal Year 1990, 480 (70%) of the total 689 discharges came from 25 cities and towns. Of those, 31% were from Boston. Another 171 (25%) came from other Massachusetts towns and 38 (6%) were from out of state.

FCH&RC's extensive service area demonstrates that the institution is a regional referral resource for children with handicapping conditions.

FCH&RC Service Area for Fiscal Year 1990

Town	Discharges
Boston-Brighton	53
Boston-Dorchester	42
Lowell	39
Boston	32
Brockton	32
Boston-Roxbury	20
Boston-Allston	19
New Bedford	17
Quincy	17
Waltham	17
Lawrence	16
Boston-East	12
Beverly	11
Boston-Roslindale	11
Haverhill	11
Fall River	10
Boston-West Roxbury	9
Boston-South	8
Plymouth	8
Somerville	8
Brookline	7
Taunton	7
Worcester	7
Boston-Hyde Park	6
Boston-Jamaica Plain	6
Everett	6
Marshfield	6
Rockland	6
Watertown	6
Framingham	5
Norwood	5
North Attleboro	5
Braintree	4
Burlington	4
Chelsea	4
Walpole	4
Subtotal	480
Other MA	171
Out of State	38
Total	689

A sample analysis of all outpatients during January, 1992 shows the following pattern of outpatient origin. Children from all neighborhoods of Boston combined represented 50% of the total.

Town	Volume	% of Total
Brighton	360	24.7%
Allston	123	8.4%
Brookline	74	5.1%
Dorchester	73	5.0%
Newton	46	3.2%
Waltham	36	2.5%
Watertown	34	2.3%
Roxbury	32	2.2%
Brockton	30	2.1%
Lowell	29	2.0%
Roslindale	28	1.9%
Jamaica Plain	24	1.6%
Boston	22	1.5%
Hyde Park	19	1.3%
South Boston	19	1.3%
West Roxbury	16	1.1%
Cambridge	16	1.1%
Medford	14	1.0%
	995	68.2%
161 Other MA towns	439	Less than 1% each
20 Towns outside MA	24	Less than 1% each
TOTAL	1,458	

Kennedy Day School

In the 1991 school year, 37 (47%) of the students in the Kennedy Day School program came from Boston, with Cambridge, Revere, Newton and Chelsea sending the next highest number of children. Thirty-six other surrounding cities and towns within one-hour travel time of the school sent the rest of the student population. The following chart shows the geographic breakdown:

Town	Number of Students
Boston	37
Cambridge	4
Revere	4
Newton	3
Chelsea	3
All others	36
Total	87

IV. PROPOSED PROJECT

Overview of Project

The project proposed by Franciscan Children's Hospital & Rehabilitation Center does not represent an increase in beds, but rather, a more effective utilization of the institution's current 100-bed capacity. Similarly, this project does not represent a change in the institution's mission, but instead builds upon its strengths in pediatric rehabilitation, acute care and educational services. It also renews the organization's commitment to meeting the pediatric needs of the communities it serves.

As detailed in the previous section of this document on "Growth and Change", the improvements currently planned for the facility are primarily driven by the changing needs of the pediatric population. Additionally, there are significant deficiencies due to the age of the physical plant which, when remedied, will enable the institution to care for the children in an enhanced environment.

Just as the organization's future program plans represent extensions of existing strengths, the institution intends to retain the pleasing physical character of its original, low-rise profile in its facilities plan. The major portion of new construction will occur behind the original group of buildings. Replacement construction will complement existing buildings in height and scale.

Detailed Project Description and Phasing

Franciscan Children's Hospital & Rehabilitation Center's current plant, from one end to the other, is the length of two football fields, making circulation difficult for patients, families and staff.

The proposed plan would alleviate this problem by consolidating the facility and grouping functional areas into three clearly organized zones:

- Patient Care and Support (Commonwealth Avenue end)
- Administration/Therapy (Central)
- Kennedy Day School (End nearest Taft School)

The unifying design concept of the plan is to organize around central "Franciscan" garden courtyards. This will provide a serene center to beautify the campus and provide green space for patients in accordance with recommendations from the Community Task Force.

The chart below and the three Site Plans that follow describe the project components and phasing.

Project Phasing

IMMEDIATE PROJECT

Building	Proposed Changes	Purpose
Four	Add temporary four-bed Pediatric Intensive Care Unit within existing space. Renovation is estimated to be 1,750 gsf.	To provide continuity of care for existing patients; Increase community pediatric intensive care capacity in conjunction with St. Elizabeth's/ St. Margaret's Hospitals.
Five	One-story addition of 4,000 gsf. Renovation is estimated to be 1,000 gsf.	To improve surgical suite by adding replacement operating rooms.
Site	Bulk oxygen tank in east parking area.	Oxygen supply for hospital.

PHASE 1

Building	Proposed Changes	Purpose
Two	Boiler plant renovation.	To replace aging boiler and consolidate critical boiler components.
	Partial renovation of lobby area is estimated to be approx. 2,500 gsf.	To provide waiting area for hospital.
Three	1-story addition of approx. 4,600 gsf to north of Bldg. 3	Relocate Genetic Services adjacent to Ambulatory Services. Relocate facility support adjacent to Phase 2 location.
Five	Screened rooftop mechanical equipment.	Part of central plant upgrade.
Six	Demolish existing Bldg. 6 of 11,679 gsf.	To prepare for new Building 6.
	Build new Building 6. Two habitable levels of 16,100 gsf (including connector to Building 2). One basement level, including service tunnel to Building 2 of 8,400 gsf. Maximum building height shall be 35 ft. to midpoint of sloping roof.	To provide for replacement and consolidation of central plant mechanical and electrical equipment. To provide for centralized non-clinical functions.
Seven	Provide temporary receiving function. Provide temporary containers for general storage.	Temporary location until Phase 2.
Ten	Demolish building of 625 gsf.	To prepare for new Building 6.
Site	Underground utility connections to Cambridge Street from Building 6.	Upgrade service to hospital.

PHASE 2

Building	Proposed Changes	Purpose
One	2-story addition to north and rear of bldg. is estimated to be approximately 5,308 gsf. No increase in building height. Renovation of building is estimated to be 22,120 gsf.	Consolidation of Day School. Accessible entrance. Upgraded environmental and safety systems.
Two	Partial renovation of building is estimated to be 4,117 gsf.	To accommodate relocated hospital functions. Upgraded environmental and safety systems.
Three	Partial renovation of building is estimated to be approximately 8,242 gsf. Three-level addition of approx. 41 ft. high to east of Building 3 is estimated to be 12,740 gsf.	Ambulatory and Genetic Services area consolidation and upgrade. Accessible entrance. Upgraded environmental and safety systems.
Four	Partial renovation of the building is estimated to be 21,346 gsf.	To accommodate relocated hospital functions. Upgraded environmental and safety systems.
Five	Two-level addition with partial sloping roof is estimated to be approx. 32,652 gsf. Increase in building height by 5 ft. to mid-point of sloped roof. Overall building height will be approx. 27 feet. Renovation of the building is estimated to be 18,925 gsf. Approx. 1,200 gsf will be demolished for courtyards.	To accommodate relocated receiving and facility support, and various hospital functions.

Six	Gym and pool addition to west is estimated to be approx. 5,800 gsf. Maximum building height will be 35 feet to mid-point of sloping roof.	To serve recreational/ therapy needs of children.
Seven & Eight	Demolish buildings of 31,689 gsf. Provide parking areas on the site of Buildings 7 and 8.	To accommodate parking displaced from north and east area of site due to expanded play areas and building area, respectively.
Site	Provide perimeter access road. Remove all other vehicular parking areas and roads from north area of site. Renovate parking areas. Improve play areas. Provide toilet and play area storage building of 1,000 gsf.	Access road for fire/ service vehicles. Improve access for children to enlarged play areas and court-yards. Provide for parking at perimeter of site to eliminate vehicular/pedestrian conflicts. Provide for truck/parking lot separation.

Summary of Improvements

As a whole, the proposed Institutional Master Plan will effect the following improvements:

- Space overall will be consolidated to alleviate inefficiencies caused by the current linear design. A more compact organization of functional areas and improved adjacencies will reduce travel distances between key departments;

- All patient care/parent areas will be more spacious and flexible. Patient rooms will overlook garden courtyards;

- Ambulatory service space will be expanded and redesigned to optimize efficient operation;

- The Kennedy Day School will be consolidated into one building with a new gymnasium and cafeteria;

- Support services such as supplies and the employee/visitor cafeteria will be relocated closer to patient areas rather than at the remote end of the plant. Adjacencies of therapies and patient areas will also be improved;

- The central entrance facing Warren Street and the Outpatient Emergency entrance will be more clearly defined. The center entrances will lead to a "heart" of public areas at the core of the facility including the chapel, cafeteria and meeting rooms;

- Medical office space will be expanded;

- Environmental and life safety systems will be upgraded in phases, and the power plant systems will be consolidated;

- Play areas behind the buildings will be expanded, and a shipping/receiving drive that the children must currently cross to reach the play areas will be relocated; and

- Perimeter parking will be expanded and current traffic circulation improved.

Summary of Gross Square Footage Changes

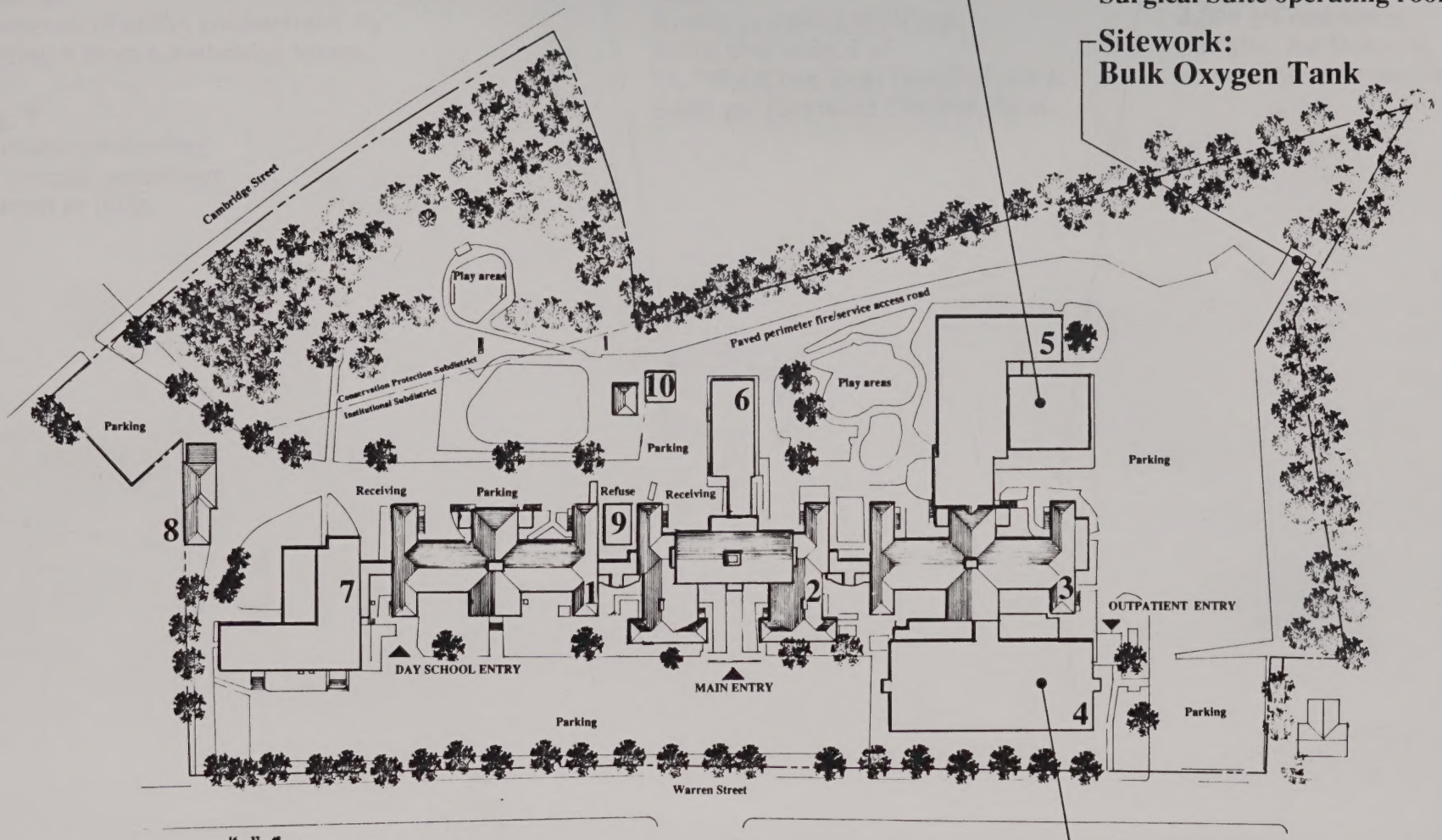
Square footage of gross floor area/square footage eliminated through demolition:

	Exist		Net Expans.		Total	
	GSF	FAR SF	GSF	FAR SF	GSF	FAR SF
Day School	20,400	18,360	7,500	6,840	27,900	25,200
Med. Office Space	3,800	3,420	6,200	5,580	10,000	9,000
FCH&RC	158,800	151,220	31,600	21,280	190,400	172,500
TOTAL	183,000	173,000	45,300	33,700	228,300	206,700

1 = FAR sf excludes mechanical space and basement storage.

New FAR equals .46 (based upon the total lot area divided by the gross floor area).

Immediate Phase (Present to two years)



Site Plan

Interim Phase:

- •Building 4 Level 3 partial renovation for Pediatric Intensive Care Unit
- •Building 5 Level 1 addition of 4,000 gsf for Surgical Suite operating rooms
- •Sitework Bulk oxygen tank adjacent to east parking area

FranciscanChildren's Hospital & Rehabilitation Center

Boston, MA

TRO
The Ritchie Organization
80 Bridge Street
Newton, Massachusetts 02158

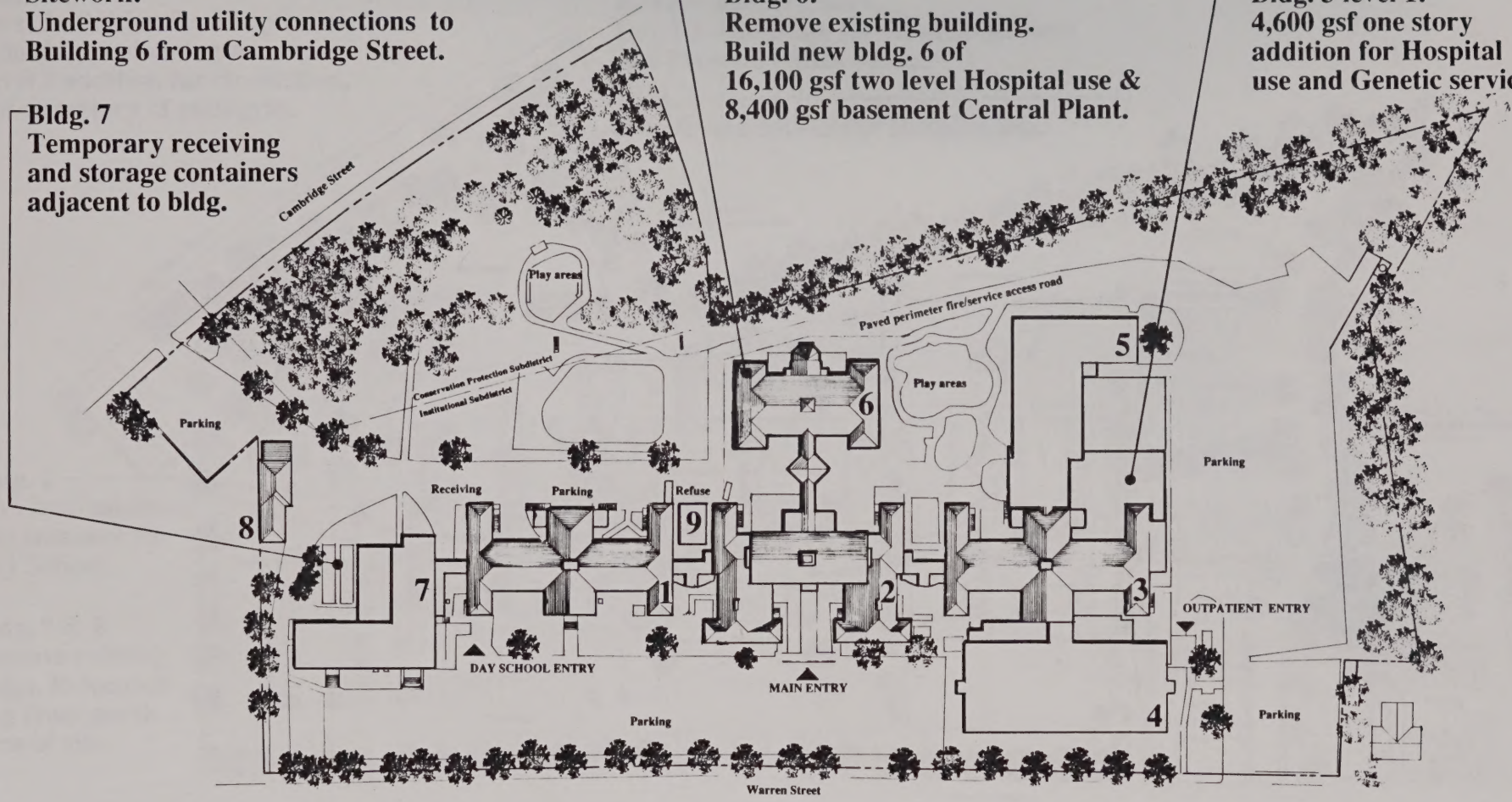
Master Plan Phase 1 (Present to three years)

Sitework:
Underground utility connections to Building 6 from Cambridge Street.

Bldg. 7
Temporary receiving and storage containers adjacent to bldg.

Bldg. 6:
Remove existing building.
Build new bldg. 6 of 16,100 gsf two level Hospital use & 8,400 gsf basement Central Plant.

Bldg. 3 level 1:
4,600 gsf one story addition for Hospital use and Genetic services



Site Plan

Phase A:

- •Building 2 — Basement and level 1 expansion of 400 gsf for boiler plant. Partial renovation of lobby area.
- •Building 3 — Level 1 addition of 4,600 gsf for Genetic services and Hospital use.
- •Building 6 — Remove existing building. Build new building 6 Levels 1 & 2, 16,100 gsf, for Hospital use. Basement, 8,400 gsf, for Central plant.
- •Building 7 — Temporary receiving and storage containers adjacent to building.
- •Building 10 — Removed.
- •Sitework — Underground utility connections to Cambridge street from building 6.

Franciscan Children's Hospital & Rehabilitation Center

Boston, MA

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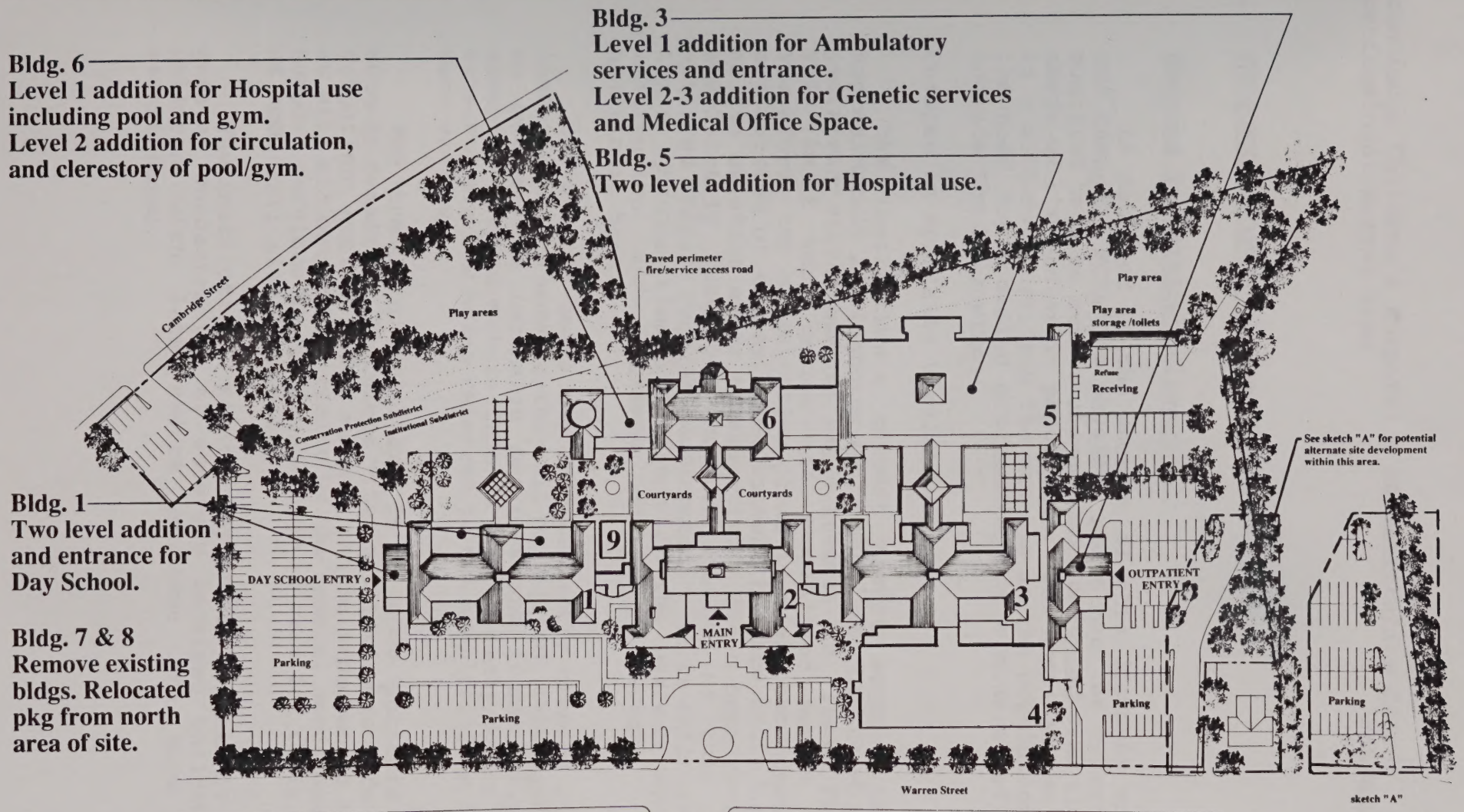
Master Plan Phase 2 (One to five years)



Site Plan

16 32 48

Phase B:

- Building 1 — Full renovation. Two level addition and entrance for Day School.
- Building 2 — Partial renovation.
- Building 3 — Partial renovation. Three level addition for Ambulatory and Genetic services, and Medical Office Space.
- Building 4 — Partial renovation.
- Building 5 — Full renovation. Two level addition for Hospital use.
- Building 6 — Level 1 addition for Hospital use including pool and gym. Level 2 addition for circulation.
- Buildings 7 & 8 — Remove existing buildings. Relocated parking from north area of site.
- Site — Upgraded building access, parking areas, and play areas. Relocated toilet and storage shed, receiving and refuse.

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V. PROPOSED PROJECT IMPACT

Changes in Service Delivery

As detailed in the section of this document on "Growth and Change," FCH&RC's physical plant must be modernized and modified because subtle changes have occurred over time in the needs of the pediatric population. The hospital was designed in a different era, and the changes in the population driving the need for modified programming and a modernized facility include the following:

Changes in Specialty Population

The institution's current market segment represents approximately 26 diagnoses which equalled only 1% of all acute pediatric discharges in Massachusetts in Fiscal Year 1989. This is a very narrow and specialized market segment. Therefore, the organization plans to seek opportunities that are outside of the existing segment but are still extensions of its existing areas of expertise. These opportunities are specifically described in the section of this document entitled "Future Program Development." It is anticipated that these opportunities may diversify the patient mix of the institution and increase occupancy without requiring additional beds.

The special needs children presently treated at the institution are more acutely ill or injured, thereby requiring an increase in intensive services and longer stays. For example, very premature infants who formerly would not have survived are now being referred to the hospital from intensive care settings.

The trend in healthcare is to move patients home as soon as feasible. Therefore, the institution is offering more outpatient options. Day surgery can be expected to increase, as will all outpatient visits by the special needs population. Support services to enable families to care for their children at home will also increase.

The institution's Kennedy Day School program is seeing a greater concentration of severely impaired children since children with less severe problems are more readily mainstreamed.

Changes in Community Population

Healthcare has shifted to a focus on prevention, and, in pediatrics particularly, the focus has been on the need to improve the state of children's health in the United States, which is poor relative to other developed countries. When possible, the best option is to educate parents and treat children on an ambulatory basis before they require hospitalization.

The institution is seeing a growth in outpatient services, and expects this trend to continue. The current growth rate in ambulatory services is expected to continue at about 17% per year. At this rate, by 1995, annual ambulatory, medical and dental visits would total 29,796.

The increasing racial and ethnic diversity of Boston, and an increase in the pediatric population of Allston-Brighton, will require modifications in service. As noted in a 1990 article in the Boston Globe, the Allston-Brighton population, which was 85% white in 1980, is now 10% Asian, 9% Latino and 7% Black. This growing ethnic and cultural diversity requires adaptation in programming and human resources if the hospital is to continue to be of service to the community.

These changes in the needs of the pediatric population have been anticipated and accounted for in the Institutional Master Plan.

New Teaching Programs

As mentioned previously in this document, FCH&RC plans to strengthen it teaching relationship with Boston University School of Medicine, and has included provisions for conference/teaching/procedure room space, in addition to office/intern/resident space in the internal renovations called for under the Institutional Master Plan.

Alternatives to Project

In 1989, the hospital hired a national architectural firm to develop a master facilities plan. The study included the completion of a functional analysis, design schematics and cost estimates. The plan was presented to the Community Master Planning Task Force at the time.

Ultimately, that first plan was rejected by the institution's Board of Trustees because it called for an overall increase of 62% in space and its project cost was not affordable by the institution.

The institution also evaluated whether to move the entire facility to a new site, but decided that it would be inconsistent with its mission of providing services to those most in need, which continues to be children of the inner-city. Relocation would also jeopardize the local community's access to quality pediatric care.

In 1991, a new architectural firm, The Ritchie Organization (TRO) was chosen. TRO developed several alternate schemes before FCH&RC ultimately decided upon the chosen plan. These alternate plans are illustrated in the exhibit on the following page. The rationale for excluding these drafts are listed below:

- Draft affords limited sense of place;
- Height of the buildings a concern to the community;
- Organization of support areas inefficient;
- Limited access to play areas;
- Structured parking required; and
- Too costly.

The present scheme was chosen for its integration and harmony with the existing campus. It also maximizes the potential for the existing space, and provides the greatest number of patient and family amenities of all the plans considered.

In addition, the proposed draft addresses the largest number of community concerns as expressed by the Community Task Force. These include that the plan provide additional on-site parking, freeing street parking for local residents; that the plan be consistent with the existing scale and character; and that the plan capture the "Franciscan" essence of the institution and provide a safe, updated environment for the children.

Traffic and Parking Impact of Project

A traffic study is currently being undertaken by the institution, and will be available shortly to define the potential impact of the Master Plan. It is the intent of the plan to create perimeter parking by doing the following:

- Reconfiguring existing spaces;
- Adding parking on the site of the demolished Building 7; and
- Adding parking and widening the mouth of the drive at the East end of the institution.

These changes should satisfy the hospital's parking needs for the immediate future. If it is eventually necessitated by growth, the institution will consider adding a parking garage which could feasibly be located at either the East or West ends of the campus.

A Kennedy Day School van queuing problem has already been alleviated somewhat by redesigning the existing front lot. In addition, the Master Plan indicates a traffic lane cutting through the West side of the property to Cambridge Street. It is proposed that the vans would then enter on Warren Street, but exit onto Cambridge Street.

Shipping/receiving traffic will be changed from entry off Cambridge Street to entry off Warren Street at the East end (Commonwealth Avenue end) of the campus.

Environmental Considerations

The institution is filing an Environmental Notification Form (ENF) with the Massachusetts Environmental Protection Agency (MEPA) in connection with this project.

To the hospital's knowledge, there are no environmental concerns related to the project. The MEPA filing is triggered because the project cost is over a $10 million threshhold and also requires approval by the Boston Redevelopment Authority. Under that filing, environmental conditions will be reviewed.

Wind, Shadow and Daylight

Due to the low scale of the project, it is expected that there will not be an adverse effect on wind patterns, shadows or the amount of daylight in the area.

Flood Hazard Zones/Wetlands

The project area is not located in a flood hazard zone nor wetland.

Ground Water and Geotechnical Impact

Soil borings done for the hospital by McPhail Associates, Inc., Geotechnical Engineers, indicate that the area of the proposed addition (Building 6) is underlain by an 18-to 24-foot thickness of granular fill directly overlying the bedrock surface. The fill material typically consists of a brown, heterogeneous mixture of loose to compact sand and gravel with variable amounts of silt, loam, ash and cinders, in addition to wood and brick chips.

Groundwater was found to exist at levels between 16 and 19 feet.

Domestic Hot and Cold Water

Two new underground water services will be connected to the existing city water mains in Warren and Cambridge Streets, and will be extended to Buildings 1 and 4. There will be separate water services for fire protection.

Backflow preventors will be provided at the entrance locations to protect each of these services from cross-contamination, as required by Code.

The intent is to provide a new water service to feed the existing water piping system and establish the new main distribution piping loop to be installed throughout the plant.

Sanitary Soil/Waste

New soil/waste piping will be connected at both Warren and Cambridge Streets to extend to the existing run-outs from the existing buildings not affected by this project and will be sized to accommodate the new additions to the institution's campus.

Storm Water

The existing independent storm water piping systems will remain. Storm water systems that are interconnected with sanitary drainage will be modified as required to provide independent systems.

New storm water piping and site drainage will be provided to meet the needs of the new buildings and site work, and be run as systems independent of the new or existing sanitary drainage systems.

Natural Gas

A new high pressure main will be installed in Cambridge Street and the gas company will provide the institution with a new tie-in to the high pressure gas service for this project.

Electric

A new electric service will be installed underground from Cambridge Street to Building 6.

Hazardous Waste Disposal

Hazardous waste is collected by specially trained plant and maintenance personnel and is moved off-site by a licensed carrier. All documentation is housed in the FCH&RC Plant Department.

Construction Impact

Because the institution is self-contained on its own 10.42 acre site, it is anticipated that the project's construction impact will be minimal. Fortunately, the site has many options for the storage of equipment and construction staging.

Every effort will be made to minimize disruption to local traffic circulation through careful scheduling as requested by the Community Master Planning Task Force.

Circulation Access Routes

For the safety and security of the children, the institution must control open public access to the facility and grounds by limiting access points, as is common practice in most health care institutions.

Additionally, the park-like ledge at the rear of the campus cannot be opened to public use because it presents a hazard due to its fragility.

Descriptions of the current access routes to the hospital and improvements intended under the Institutional Master Plan are as follows:

- Access from Warren Street to the second level of Building 2 serves as the main non-patient entry to administration and therapy functions. A ramp must be used to enter the building. It is the organization's intention to eliminate the ramp by regrading the vehicular access drive.

- Access from Warren Street to the first level of Building 4 serves as the main patient entry for inpatients, ambulatory and ambulance arrivals. A ramp must be used to enter the building. It is the organization's intention to eliminate the ramp by regrading the vehicular access drive.

- Access to the Kennedy Day School for commuting students consists of a ramped path to the second level of Building 7 from an access drive from Warren Street. It is the intention to eliminate this ramp by regrading.

- Access to the play areas for the Kennedy Day School students and inpatients involves either crossing or walking adjacent to parking and service area access drives. It is the hospital's intention to eliminate pedestrian/vehicular conflict by relocating parking and service drives away from the play areas.

Urban Design Analysis

It is the intention of this project to reinforce the positive aspects of the existing facility while minimizing the adverse impact on the original structures. The plan also strives to maintain compatibility with the neighborhood, with its mix of institutional and residential uses.

The property fronts two streets, Warren and Cambridge Streets. The Warren Street frontage consists of a generous front yard with uniform maple trees along the street, and residential scaled buildings of two-to three-levels. A four-story building (Building 7), which is not consistent in detailing, scale or use to the balance of the facility, has been designated to be removed.

The Cambridge Street frontage currently consists of a small parking area, a hospital access drive, and a prominent rock outcropping named the "Kennedy Ledge" which has been designated by the Boston Redevelopment Authority (BRA) as a Conservation Protection Subdistrict. It is the organization's intention to make minor modifications to the access drive and parking area. Most importantly, it is the institution's desire to preserve and beautify the rock outcropping in its natural state, thus reinforcing the goals of the BRA and community as articulated by the Community Master Planning Task Force.

It is the intention of the institution to preserve the residential quality of the Warren Street buildings. Consequently, no additions are planned for the Warren Street side. Landscape improvements will include additional plantings, parking areas and more clearly defined hospital entrances.

VI. COMMUNITY BENEFITS PLAN

Current Workforce from Area

The institution currently employs 629 persons in the following job categories:

Officials and Managers	51
Professionals (Nurses, Therapists, etc.)	282
Technicians	30
Office and Clerical	93
Laborers and Craftworkers	38
Service Workers	135
Total	629

293 (47%) of the 629 employees live in the City of Boston; of this total, 155 (25%) live in the Allston-Brighton and Brookline communities.

Future Employment Needs Related to Project

The institution does not intend to increase its beds under the proposed plan. Therefore, instead of a dramatic change in the number of employees which would accompany a sharp increase or decrease in services, the organization projects a slower, steadier growth in positions attributable to the following:

- Increasing intensity of the children's needs;
- Growth in ambulatory services; and
- Necessary growth in the medical staff.

Over the past few years, the institution has added approximately 18 positions each year due to the above reasons. The organization expects this pace to remain stable at maximum or decrease tempered by the need to control costs, and by the small size of the institution.

Training for Boston and Allston-Brighton Residents

The institution makes a concerted effort to recruit and provide on-the-job training for local residents, including the following:

- Employment advertisements are targeted towards Boston and Brighton newspapers;
- Job listings are posted with Brighton High School, St. Columbkille's School, Mt. Saint Joseph Academy and the Jackson-Mann School;
- Personnel staff attend job fairs throughout Boston;
- The institution participates in the Action for Boston Community Development summer work program; and
- Personnel staff work with Oficina Hispana, which conducts training programs for Hispanic persons, and with the Inter-Agency of Placement Professionals and other contacts to place individuals with disabilities.

The institution is an equal opportunity employer and is particularly concerned with recruiting a staff that reflects the ethnic and cultural diversity of the population of children that are served.

Community Benefits

The project, particularly the improvements in medical/surgical care and ambulatory care space, will directly benefit the general pediatric communities of Boston. The hospital market share in its immediate neighborhood of Allston-Brighton is 23%.

In addition to the primary care, inpatient medical/surgical care and emergency services offered to children of the community, Franciscan Children's Hospital & Rehabilitation Center has always worked closely with its neighborhood in sponsoring a wide variety of programs and projects. A representative sampling of these follows:

- Provided approximately 25% of gross patient service revenues as uncompensated care in FY90;
- Provides teaching positions for students and trainees in medicine, nursing, hospital administration, education and other allied health fields. Training slots totalled 113 in 1990;
- Participates in many special needs advocacy activities, providing staff, volunteer time, goods and services and financial support to a wide variety of groups, including the National Head Injury Foundation and the Epilepsy Society;
- Provides part-time social work support to the Joseph Smith Community Health Center in Allston;

- Provides support in child development to the Garfield School;
- Conducts a CPR course for the Brookline Center for Adult Education;
- Under a grant, manages a pilot program to provide support for families of children with highly specialized health care needs;
- Contributes staff support to Brighton Board of Trade activities via membership on its Board of Directors;
- Chairs the Major Emphasis Program for Kiwanis International, "Priority One," dedicated to caring for the needs of youngsters 0-5 years. The hospital is also an active participant with the local Key Club and Circle K groups at the high school and college levels, respectively;
- Publishes a directory of local human service groups for the Allston-Brighton Interagency Council;
- Donates medical supplies to the West End House's summer camp program;
- Donates paper goods for the annual auction sponsored by WGBH;
- Provides free conference room space and parking to a number of local groups, including the following: Ostomy Association, Tourette's Syndrome Group, Allston-Brighton Interagency Council, the Massachusetts Association for the Deaf and the Attention Deficit Disorder Group;
- Supports the Special Olympics through monetary donations;
- Developed a Committee for Community Health Care to address the needs of the community. This ongoing effort has included annual Thanksgiving clothing and food drives, and an annual $750 donation to the St. Francis House Shelter for the homeless;
- Conducts an employee blood drive for the Red Cross in conjunction with the blood bank at St. Elizabeth's Hospital;
- Conducts an employee KID Fund drive to meet the extraordinary needs of the hospital's patients. Approximately $8,000 per year supports camperships, equipment (i.e. computers), personal needs (i.e. eyeglasses), and a Cub Scout troop;
- Encourages employee participation in and publicizes charitable causes, including the Walk for Hunger;
- Provides speakers for community and parent groups;
- Sponsors occasional advertisements in local newspapers promoting childhood safety;
- Supports a hospital-wide United Way Drive;
- Donates food to the Boston Food Bank through the "Second Helping" program.

VII. MASTER PLAN REVIEW PROCESS

Franciscan Children's Hospital & Rehabilitation Center has worked with a Community Master Planning Task Force of volunteers since January of 1989 concerning the development of the strategic and facilities plans upon which this document is based.

The names of Task Force members and dates of meetings over the years are listed below. Minutes of these meetings are maintained by the department of Marketing and Public Affairs.

The Community Task Force and Franciscan Children's Hospital & Rehabilitation Center recognize and have discussed the fact that any small group of people gathered reflect the flavor of public opinion, but could never purport to speak for all. Therefore, it has always been the intention of the institution to broaden the community input process beyond the existing Task Force when the Master Plan was completed.

In conjunction with the Boston Redevelopment Authority, Franciscan Children's Hospital & Rehabilitation Center intends to hold an open meeting at the institution at which time the Master Plan will be discussed in full. The meeting will be well publicized via the following methods:

1. Notices in the Boston Globe, Boston Herald and the Allston-Brighton Journal;

2. Letters will be sent to the many neighborhood and civic groups concerned with planning issues;

3. Notices will be sent to the institution's abutters; and

4. Notification will be made to local politicians.

The organization's Community Relations staff is also planning to respond to any invitations to discuss the Master Plan with interested community groups who did not opt to participate earlier as Task Force members.

Community Master Planning Task Force Members

Barbara Cosgrove
(Community Resident)
28 Wade Street
Brighton, MA 02135

Frank Danehy
(Community Resident)
29 Parsons Street
Brighton, MA 02135

Manuel Fernandes
(IPOD)
410 Washington Street
Brighton, MA 02135

Michael Grant
(Menlo Street Committee)
5 Menlo Street
Brighton, MA 02135

William Margolin
(Allston Board of Trade/
Exec. Director, West End House)
105 Allston Street
Allston, MA 02134

Kristen and Bill Sell *
(Community Residents)
51 Gordon Street
Allston, MA 02134

Lucy Tempesta
(Community Resident)
51 Shannon Street
Brighton, MA 02135

Grace Weaver
(Community Resident)
25 Elmira Street
Brighton, MA 02135

Edythe York
(Community Resident)
28 Brainerd Road
Allston, MA 02134

FCH&RC Board Representative
James Jacobs
203 Parsons Street
Brighton, MA 02135

* **Note:** As of Fall, 1991, the Sells have moved from the area, but as parents of young children, wish to remain on the Task Force.

Community Master Planning Task Force Meetings

1. January 18, 1989
2. April 5, 1989
3. June 7, 1989
4. October 25, 1989
5. March 7, 1990
6. April 3, 1991
7. May 1, 1991
8. July 10, 1991
9. November 6, 1991